



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

FOR BOARD USE ONLY

CASE NO: _____

DATE
FILED: _____

BOARD OF PERSONNEL APPEALS

PETITION FOR UNIT CLARIFICATION

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. Submit an original and three (3) copies of this petition to the BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT 59620-1503. If more space is required for any item, attach additional sheets, numbering items accordingly. The unit clarification procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.630.

1. NAME OF BARGAINING REPRESENTATIVE: _____ AFFILIATION (Parent/National Organization, if any): _____

2. MAILING ADDRESS OF BARGAINING REPRESENTATIVE: _____ TELEPHONE: _____ EMAIL ADDRESS _____

3. NAME OF PUBLIC EMPLOYER: _____

4. MAILING ADDRESS OF EMPLOYER: _____ TELEPHONE: _____ EMAIL ADDRESS _____

5. Description of existing bargaining unit in question, specifying inclusions and exclusions:

6. Description of proposed clarification of the unit: (include job classifications and number of employees in each job classification affected by proposed clarification)

7. Statement setting forth the reasons why petitioner desires a clarification of the unit:

8. Is any employee organization, other than the representative listed in Number 1, certified to represent any of the employees who would be directly affected by the proposed clarification Yes _____ No _____

9. A brief and concise statement of any other relevant facts:

DATE: _____

PETITIONER: _____ TITLE: _____